



**CITY OF CATHEDRAL CITY**  
(760) 770-0374  
Fax - (760) 202-1460  
68-700 Avenida Lalo Guerrero  
Cathedral City, CA 92234-7031

(Staff Use Only)

Case No.:

Related Files:

## SPECIAL USE PERMIT

It is advisable to submit applications for review 60 days prior to commencement of the use or event to ensure adequate review of the application. If you have any questions while completing this application, please ask a member of the Planning Department for assistance. In order for the City to process a Special Use Permit Application, the application fee must be submitted with the completed application. For recurring events, a schedule must be submitted every 3 months. In addition, a detailed Site Plan must be submitted with the application. Incomplete applications will not be accepted (or process may be delayed). **(PLEASE PRINT OR TYPE)**

### CHECK TYPE OF USE OR EVENT

- |  |   |
|--|---|
| <input type="checkbox"/> Sidewalk/Rummage/Parking Lot Sale | <input type="checkbox"/> Construction/Sales/Storage Trailer       |
| <input type="checkbox"/> Carnival/Circus*                  | <input type="checkbox"/> Block Party                              |
| <input type="checkbox"/> Festival                          | <input type="checkbox"/> Special Shows (vehicle display/auctions) |
| <input type="checkbox"/> Car Washes                        | <input type="checkbox"/> Extension of Hours                       |
| <input type="checkbox"/> Parade/Race/Marathon              | <input type="checkbox"/> Other: _____                             |

\*Per the City Council, Carnivals and Circuses are not allowed between Date Palm Drive to the east, B Street to the South, Officer David Vasquez to the north, and Cathedral Canyon Drive to the west.

### DESCRIPTION OF USE OR EVENT

Location: \_\_\_\_\_

Date(s) of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_ through: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hours of Event: Start: \_\_\_\_:\_\_\_\_ am/pm through \_\_\_\_:\_\_\_\_ am/pm

Anticipated attendees: ☐ 1-50 ☐ 51-100 ☐ 101-500 ☐ 501-1,000 ☐ over 1,000

Will food be prepared or served: ☐ Yes ☐ No

Will alcohol be served: ☐ Yes ☐ No

Will there be live entertainment: ☐ Yes ☐ No      Recurring Event: ☐ Yes ☐ No

Will there be searchlights: ☐ Yes\* ☐ No

\*Searchlights need FAA approval and completion of their application. (See staff for FAA application).

If yes, provide a description of the live entertainment.

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For the following, please use an attached sheet of paper to complete the responses (if necessary).

Will there be loud speakers or amplification: ☐ Yes ☐ No

Will streets or driveways be temporarily closed: ☐ Yes ☐ No (If yes, provide detail on your Site Plan)

What kinds of temporary structures will be used and how will they be fastened to the ground?

## SUBMITTAL REQUIREMENTS:

- ☐ Application Fee: \$300 if fewer than 500 attendees; \$600 if more than 500 attendees.
- ☐ Recurring Events or Events with more than 500 attendees must also submit a \$600 deposit.
- ☐ Provide 4 copies of Site Plan:
  - ☐ Please show location of the event, including buildings, temporary improvements, portable restrooms, vendor locations, parking areas and driveways.
  - ☐ Show any street closures on your Site Plan.
  - ☐ Show the location of any lighting, generators, and/or restrooms on the Site Plan.
- ☐ Non-Profit License if applicable.
- ☐ Signed documentation from the property owner agreeing to the use, as specified in this application.
- ☐ If event is on City property or public right-of-way, provide insurance policy or policies naming the City, its officers, agents and employees as additional insured, issued by a company satisfactory to the City Attorney, and in an amount determined to be adequate for the risks involved in the activity, as determined by the Community Development Director.
- ☐ Proof of Insurance for \$1,000,000 for Liability.
- ☐ Provision of Health Permits, ABC License, Building Permits and/or Resale Permits. All Riverside County Health Department requirements must be satisfied.
- ☐ Provision of any other Permits required by City, State, or Federal Governments.
- ☐ Signage Plan for street closures and directions to the event.
- ☐ Refuse Plan.
- ☐ Any event that has more than 3 occurrences needs approval from the City Council.
- ☐ A quarterly schedule needs to be approved by the City for recurring events. This includes dates, times, and entertainers.

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## ADDITIONAL INFORMATION

(Provide any necessary general information regarding event or any special needs for the event. Attach additional sheets if necessary.)

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## APPLICANT

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## PROPERTY OWNER

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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## OTHER PARTIES

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## EMERGENCY CONTACT

(Contact person should there be an emergency during the event)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## DETERMINATION OF APPLICATION (Staff Use Only)

ACTION TAKEN:    ☐ APPROVED    ☐ DENIED

If approved, see attached Conditions of Approval.    ☐

If denied, provide reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Date/Time Received:	Received By:	Amount Received:	Receipt No(s):
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